

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/18/2011
NAME OF PROVIDER OR SUPPLIER INDIANA SKIN CANCER AMBULATORY SURGICAL CE		STREET ADDRESS, CITY, STATE, ZIP CODE 701 E COUNTY LINE RD STE 208 GREENWOOD, IN 46143		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for a State licensure survey. Facility Number: 005648 Survey Date: 10-17/18-11 Surveyors: Jack I. Cohen, MHA Medical Surveyor Karilyn Tretter, RN Public Health Nurse Surveyor QA: cloughlin 11/02/11	S 000		
S 153	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(c) (5) (C) Require that the chief executive officer develop and implement policies and programs for the following: (C) Orientation of all new employees, including contract and agency personnel, to applicable center and personnel policies. This RULE is not met as evidenced by: Based on review of documents and interview, the facility failed to follow its policy to provide orientation of all new employees to the employee's specific job for 2 of 6 personnel files reviewed. Findings:	S 153		9/15/14

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 153	Continued From page 1 1. Review of the facility's Employee Handbook, page 6, section entitled INTRODUCTORY PERIOD, indicated during the introductory period, the new employee will be oriented and trained in their specific job duties and responsibilities. 2. Review of 6 employee personnel files indicated files PF#5 and PF#6 lacked documentation of orientation and training in their specific Medical Assistant job. 3. On 10-18-11 at 11:15 am, upon interview, employee #A1 indicated there was no documentation of orientation and training in their specific job duties and responsibilities for employees PF#5 and PF#6 and no further documentation was provided prior to exit.	S 153		
S 156	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (E) Require that the chief executive officer develop and implement policies and programs for the following: (E) Maintenance of current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on a job description, for each employee providing direct patient care or support services, including contract and agency personnel, who are not subject to a clinical privileging process.	S 156		9/15/14

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S 156	Continued From page 2 This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow its policy to maintain annual performance evaluations for 2 of 6 employee files reviewed. Findings: 1. Review of the facility's Employee Handbook, page 6, section entitled INTRODUCTORY PERIOD, indicated evaluations will continue on an annual basis. 2. Review of 6 employee personnel files indicated files PF#1 and PF#2 lacked documentation of a current annual performance evaluation. 3. On 10-17-11 at 1:30 pm, upon interview, employee #A2 indicated there was no documentation of a current evaluation on employees PF#1 and PF#2 and no further documentation was provided prior to exit.	S 156		
S1164	410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(i) (b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows: (4) The patient care equipment requirements are as follows:	S1164		9/15/14

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S1164	<p>Continued From page 3</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(i) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility did not have a policy on preventive maintenance (PM) nor conducted PM in accordance with acceptable standards of practice, for 1 piece of equipment.</p> <p>Findings:</p> <p>1. On 10-17-10 at 9:30 am, employee #A1 was requested to provide documentation of PM for a manual suction machine. No documentation was provided prior to exit.</p> <p>2. On 10-18-11 at 12:55 pm, employee #A1, upon interview, indicated there was no documentation of PM in accordance with acceptable standards of practice for a manual suction machine and no documentation was provided prior to exit.</p>	S1164		